

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90035 044 ****61.25

DOCUMENT # 731322

1. Entity Name

EVANGELICAL COVENANT CHURCH OF VENICE ISLES, INC

Principal Place of Business

Mailing Address

~~798 BAYVIEW DR~~
 VENICE FL 34292
 US

~~798 BAYVIEW DR~~
 VENICE FL 34292-3401
 US

2. Principal Place of Business

3. Mailing Address

852 JOLANDA CIRCLE

852 JOLANDA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VENICE FL

City & State

VENICE FL

4. FEI Number

59-1574630

Applied For

Not Applicable

Zip

34292

Country

USA

Zip

34292

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORTON, FRANK
403 VIA VENETO
VENICE FL 34292

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

RE: ADDRESS CHANGE
FRANK MORTON

(NOTE: Registered Agent signature required when reinstating)

DATE

MARCH 15/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
CD	MORTON, FRANK	403 VIA VENETO	VENICE FL 34292	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	SHELL, ESTHER	817 TRENTO DR.	VENICE, FL 00000-34292	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	SMITH, JAMES	956 CORTINA BLVD	VENICE, FL 00000 34292	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FRANK MORTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARCH 15/00
944-488-6284

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE